


Item Number: 6	
Name of Presenter: Dr Tim Maycock	
Meeting of the Governing Body 1 September 2016	 Vale of York Clinical Commissioning Group
Progress Report on the Musculoskeletal (MSK) Service Development	
Purpose of Report For Information	
Rationale To report on how the development of the new MSK service is progressing	
Strategic Priority Links	
<input checked="" type="checkbox"/> Primary Care/ Integrated Care <input checked="" type="checkbox"/> Planned Care/ Cancer <input type="checkbox"/> Urgent Care <input type="checkbox"/> Prescribing <input type="checkbox"/> Effective Organisation <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Mental Health/Vulnerable People	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Recommendations	
N/a - progress report	

Responsible Chief Officer and Title	Report Author and Title
Rachel Potts – Chief Operating Officer Dr Tim Maycock – Clinical Lead for Primary Care	Andrew Bucklee – Senior Innovation and Improvement Manager

MSK Service Model Progress Report

1. Background

1.1 The MSK Project Team was tasked with having a new service model in place by March 2017 with full details of the developed model being presented to Senior Management Team / Governing Body by November 2016. We are on schedule to deliver these milestones.

1.2 .From the outset we have worked to develop a service that takes an integrated and collaborative approach to delivering outcomes that have been confirmed by local residents. The work programme involves commissioner and providers, clinical colleagues from primary and secondary care working closely with the existing community service. This ensures the new model takes into account the whole patient pathway from presentation at GP practice to discharge from the service and all the touch point intersections along the way. To inform this approach we invited our residents, via drop-in sessions, attending MSK clinic sessions and online surveys, to give their views on the current service and potential improvements. As a result we have been able to confirm the following outcomes i.e. why we need the service:

Patient Outcomes

1. Self-management of condition

- 1.1 Increased number of patients reporting they are able to self-manage their MSK condition;
- 1.2 Improved proportion of people with an MSK condition who feel they have had enough support from local services to help manage their condition;
- 1.3 Maximised provision of individual patient management plans shared with patients and GPs;
- 1.4 Increased uptake in use of self-management techniques related to MSK conditions;
- 1.5 Increased number of patients (and carers where appropriate) reporting their knowledge of their condition has improved.

2. Improve Quality of Life

- 2.1 Increase in the number of patients (and carers where appropriate) reporting an improvement in their MSK condition;
- 2.2 Optimised accuracy and timeliness of diagnosis;
- 2.3 Continued improvement post intervention;
- 2.4 Reduced incidence of recurrent MSK related conditions;
- 2.5 Reduced onward referrals for surgical interventions

3. Choice

- 3.1 Maximised level of informed choice at the point of (onward) referral to secondary care or specialist services;
- 3.2 Increased number of patients (and carers where appropriate) reporting they were offered a choice of location (where applicable) for their MSK appointment;

4. Information

- 4.1 Maximised level of patients (and carers where appropriate) that are utilising effective shared decision making information prior to surgical intervention;
- 4.2 Maximised number of patients (and carers where appropriate) reporting the right information was provided at the appropriate time.

5. Patient satisfaction and experience

- 5.1 Improved levels of patient experience;
- 5.2 Increased number of patients (and carers where appropriate) reporting they have been involved in joint decision making;
- 5.3 Increased number of patients (and carers where appropriate) reporting that flexible appointment times were offered;
- 5.4 Increased number of patients (and carers where appropriate) reporting they were satisfied with their choice of location and associated waiting times;

2. Progress to date

2.1 The proposed new model, described below, meeting the outcomes, was presented to the integrated MSK Programme Board and the workstream leads were given permission to complete the work required to be able to present its full detail to SMT/Governing Body as per the milestone date of November 2016.

2.2 The pathway the model will follow is illustrated in Appendix 1. Its main elements can be summarised as follows:

An MSK Web Hub will:

- ✓ Inform, support, and promote good MSK health.
- ✓ Be the first port of call for patients and GPs in the management of MSK conditions.
- ✓ Support the early management of new MSK pain conditions.
- ✓ Provide advice and exercises for acute low back pain, and new soft tissue injuries.
- ✓ Support GPs to make a diagnosis utilising standardised information and management advice for over 40 common MSK conditions.

- ✓ Move the MSK public health agenda to the foreground with information on lifestyle, occupational health , mental health as well as links to appropriate local resources.
- ✓ Be the new point of access for self-referral.

GP referral via Referral Support Service (RSS) with a redesigned referral interface will:

- ✓ Provide the referral administration process.
- ✓ Provide informed choice both within the service and for onward referral
- ✓ Ensure that any clinical guidelines are adhered to prior to referral.

Access to services within the new model will:

- ✓ Ensure that the deployment of staff across the locality will offer appointments within a standardised time scale at the right location for the patient.

MSK specialists embedded throughout the service will:

- ✓ Ensure the Extended Scope Practitioner (ESP) are deployed throughout Primary Care. They will run clinics in local GP surgeries with time to discuss complex cases and support GP colleagues with their MSK caseload.
- ✓ Ensure ESPs expand their clinical support role in physiotherapy to offer more specialist visibility to patients, and offer 'expert' opinion.

Innovation in clinical service delivery will:

- ✓ Deliver a radical shift towards a more de-medicalised model in delivery of long term condition management with more emphasis placed on the positive effects of lifestyle and exercise.
- ✓ Invite patients to share in decisions about how their care is delivered (via online webinars, face to face groups, 3rd sector referrals for weight management, smoking cessation, exercise on prescription, or group based physiotherapy care).
- ✓ Encourage and support patients to utilise Patient Decision Aids especially when considering surgery.

Cohort management for longer term conditions will:

- ✓ Be offered for Hip and Knee Osteoarthritis/Chronic non-specific Low Back pain/Degenerative rotator cuff syndrome
- ✓ Incorporate an educational element with information about the condition, activity management strategies (pacing), the role of medications, the role of lifestyle in reducing and managing symptoms, and specific exercises that may be of benefit. Once the patient has completed the educational component they will be offered:
 - ✓ help with lifestyle changes- signposting to local and national resources e.g weight management, smoking cessation etc;
 - ✓ referral for exercise on prescription;
 - ✓ physio led exercise class with up to 6 sessions then referral to exercise on prescription if further support is indicated;

Please note: For GPs wanting to refer patients for consideration of arthroplasty a pre-referral check of BMI and oxford score will be put in place. Patients within threshold will be given time to complete, as part of a shared decision making process, the Patient Decision Aid prior to agreeing to referral.

Transition from MSK Service to secondary care will:

- ✓ Ensure that patients who are not yet ready for surgical intervention are optimally managed at the non-operative end of the pathway
- ✓ Recognise early those patients who need to be referred for timely surgical intervention due to severe symptoms, disease or failure to improve following non-operative measures.

Appendix 1: High Level Care Pathway for the New MSK Service Model

